

CHILD & ADULT CARE FOOD PROGRAM (CACFP)

CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT IN THE CACFP

The Child & Adult Care Food Program is committed to assuring that the CACFP benefits are made available to all eligible individuals without regard to race, color, national origin, sex, age, or disability.

I. INSTITUTION RESPONSIBILITY IN IMPLEMENTING THE PUBLIC NOTIFICATION SYSTEM

- A. All participating institutions and their sponsored centers (these requirements do not apply to day care homes) shall be required to:
 - 1. Display in a prominent place the nondiscrimination poster “And Justice for All” developed by the USDA.
 - 2. Have the capability of providing informational materials in the appropriate translation (available through the Montana CACFP office) concerning the availability and nutritional benefits of the CACFP.
 - 3. Make CACFP information available to the public upon request. Upon initial visits, parents or guardians of potential beneficiaries shall be given specific CACFP information which is pertinent to their participant's receipt of benefits through the CACFP.
 - 4. Provide the nondiscrimination statement and procedure for filing a complaint to all parents or guardians of beneficiaries and potential beneficiaries.
- B. Sponsors of day care homes: Participating institutions which sponsor day care homes are required to provide parents or guardians of beneficiaries, as well as parents of potential beneficiaries seeking enrollment, written CACFP materials which contain the nondiscrimination statement and procedure for filing a complaint.

II. DATA COLLECTION AND MAINTENANCE

Actual beneficiary data by racial/ethnic category for each child care center, outside-school-hours care center, adult care center, and family day care home under an institution's jurisdiction shall be collected by the institution each year. Visual identification may be used by institutions to determine a beneficiary's racial/ethnic category. The parents or guardians of a beneficiary may also be asked to identify the racial/ethnic group of their child or participant.

For data collection purposes, a beneficiary may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. Parents or guardians of beneficiaries may be asked to identify the racial/ethnic group of the participant only after it has been explained, and they understand that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of the participant's eligibility to receive benefits under the CACFP.

Once collected, actual beneficiary data must be maintained on file at the institution. Data, as well as documentation for the data, shall be retained by the institution for the required 3 years. The data shall be maintained using safeguards which prevent its use for discriminatory purposes. Such safeguards include allowing access to CACFP records containing this data to only authorized personnel.

THE FOLLOWING RACIAL/ETHNIC CATEGORIES SHALL BE USED FOR COLLECTING BENEFICIARY DATA:

1. **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).
2. **ASIAN OR PACIFIC ISLANDER:** A person having Origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
3. **BLACK (NOT OF HISPANIC ORIGIN):** A person having origins in the black racial groups of Africa.
4. **HISPANIC:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
5. **WHITE (NOT OF HISPANIC ORIGIN):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

III. COMPLAINTS

For all written, anonymous or verbal complaints alleging discrimination on the basis of race, color, national origin, sex, age, or disability:

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

The Mountain Plains Civil Rights Office, has been delegated the authority to determine the manner in which all civil rights complaints are to be handled including agency inquiries, compliance reviews, or other means. Regardless of where the complaints are filed, they must reach the above office within 10 days of receipt by the State Agency or Regional Office. Mountain Plains Civil Rights/EEO Office will prepare and issue letters of acknowledgement to complainants.

A. Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any Person alleging discrimination based on race, color, national origin, gender, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Such complaint shall be promptly referred to the Secretary of Agriculture or the Mountain Plains Civil Rights/EEO Office within 5 calendar days of receipt.

2. **Acceptance:** All civil rights complaints, written, verbal or anonymous, shall be accepted by the State CACFP Office, and forwarded to the Mountain Plains Civil Rights/EEO Office. It is necessary that the information be sufficient to determine the identity of the agency or individual towards which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints should be handled as any other complaints.
3. **VERBAL COMPLAINTS:** In the event a complainant makes the allegations verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:
 - A. Name, address, and telephone number or other means of contacting the complainant.
 - B. The specific location and name of the entity delivering the service or benefit.
 - C. The nature of the incident or action that led the complainant to feel discrimination was a factor, or an example of the method of administration which is having a disparate effect on the public, potential participants, or participants.
 - D. The basis on which the complainant feels discrimination exists (race, color, national origin, gender, age, disability, or political belief).
 - E. The names, titles, and business addresses of persons who may have knowledge of the discriminatory action.
 - F. The date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions.

IV. PROHIBITED DISCRIMINATION

Discrimination is prohibited in all aspects of the delivery of CACFP benefits. Some specific examples of prohibited discrimination and noncompliance with Title VI are as follows:

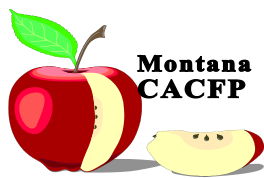
1. Service or delivery of foods in a place, time or manner that results in or has the effect of denying or limiting the benefits of the CACFP on the basis of race, color, national origin, gender, age, disability, or political belief.
2. Failure to apply the same eligibility criteria to all potential eligible individuals seeking participation in the CACFP.
3. Maintenance of a waiting list which makes distinctions on the basis of race, color, national origin, sex, age, or disability.
4. Failure to use or provide material which provides non-English speaking persons full and equal opportunity to receive benefits or services under the CACFP.

V. SECTION 504 OF THE 1973 REHABILITATION ACT, NONDISCRIMINATION ON THE BASIS OF DISABILITY

Recipients of federal funds shall operate its CACFP or activity so that when viewed in its entirety, is readily accessible to and usable by qualified disabled persons. Because a recipient's facilities are inaccessible to, or unusable by disabled persons, they may not be denied the benefits of, or be excluded from participation.

1. We understand that qualified disabled persons may not, on the basis of disability, be denied admission or be subjected to discrimination in admission, or recruitment into the CACFP;
2. We understand that we are required to serve special meals to recipients whose disability restricts their diet upon request and the receipt of a medical certification from a state recognized medical authority;
3. We understand that the day care center or the day care home is not to make the determination of whether a child is disabled, rather the facility shall accept the signed statement from a state recognized medical authority which shall indicate the individuals disabling condition which restricts their diet and the food choice that may be substituted;
4. We will not charge extra for the preparation and serving of such meals;
5. We have evaluated our current admission and recruitment policies to ensure that there are no barriers to participation on the basis of disability.

Thank you for your help with this procedure. If you have any questions, please contact the Child & Adult Care Food Program at 406-444-4347 or 888-307-9333.



CACFP APPLICATION FOR PARTICIPATION CIVIL RIGHTS COMPLIANCE

Provide an **ESTIMATE** (using the attached form) of the Racial/Ethnic Makeup of the Population to be Served on line 1 using Racial/Ethnic Data for Montana Children 0-12 Years by County and Reservation for the area which your organization serves.

Provide an **ACTUAL** count of the Racial/Ethnic Makeup of the Population the entity is serving on line 2.

	Black	Hispanic	American Indian Or Alaskan	Asian	White (Not Hispanic)	Total
1. Estimate Use attached data						
2. Actual						

Describe Efforts to Be Used to:

- (1) Assure that minority populations have equal opportunity to participate.

- (2) Contact minority and grassroots organizations concerning the availability of your program (list grassroots organizations you have contacted).

- (3) List any other Federal Agencies which provide support.

NONDISCRIMINATION CLAUSE

THE INSTITUTION:

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the Regulations of the Department of Agriculture (7 CFR Part 15, Department of Justice (28 CFR Parts 42 and 50), and FNS directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, or disability be excluded from participation in, or be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE IS given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the applicant by the Department. This includes any Federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance such as food, food stamps, cash assistance for the purchase of food and any other financial assistance extended in reliance on the representations and agreements made in this assurance.

BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of Title VI and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the Department of Agriculture, Food and Consumer Service, shall have the right to seek judicial enforcement of this assurance.

This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

CERTIFICATION STATEMENT

I HEREBY CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds; that Department Officials may, for cause, verify information; and that deliberate misrepresentation will subject me to prosecution under applicable State and Federal criminal statutes.

Signature on Behalf of
Institution by Authorized
Representative

Montana Department of Public
Health & Human Services
(Child & Adult Care Food Program)

By: _____
Signature

By: _____
Signature

Name: _____
(Print or Type)

Name: _____
(Print or Type)

Title: _____

Title: _____

Date: _____

Date: _____